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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL     Andy Harris for Congress     |                                              |       | ]                                                                                                                                              |         |
|------------------------------------------------------------|----------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| ADDRESS (number and street) PO Box 604                     |                                              |       |                                                                                                                                                |         |
| CITY, STATE, and ZIP CODE                                  |                                              |       |                                                                                                                                                |         |
| Bel Air                                                    | MD 210                                       | 14    |                                                                                                                                                |         |
| 2. NAME OF CANDIDATE 3. OFFICE SOUGHT (State and District) |                                              |       | 4. FEC IDENTIFICATION NUMBER                                                                                                                   |         |
| Andrew P Harris House                                      |                                              | MD 01 | C00435974                                                                                                                                      |         |
| 5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING          | YES, IT AMENDS THE NOTICE FILED ON           |       |                                                                                                                                                |         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                 | Name of Employer                             |       | Date (month,                                                                                                                                   | Amount  |
| Kingdon Gould                                              | None                                         |       | day, year)                                                                                                                                     |         |
| -                                                          |                                              |       | 10/20/2012                                                                                                                                     | 1500.00 |
| 1725 Desales St NW                                         | Transaction ID : 21022.C34289                |       |                                                                                                                                                |         |
|                                                            | Occupation                                   |       |                                                                                                                                                |         |
| Washington DC 20036-4422                                   | Retired                                      |       |                                                                                                                                                |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                 | Name of Employer                             |       | Date (month, day, year)                                                                                                                        | Amount  |
| Douglas Price                                              | None                                         |       | uay, year)                                                                                                                                     |         |
| PO Box 990                                                 |                                              |       | 10/20/2012                                                                                                                                     | 1500.00 |
| 1 O BOX 990                                                | Transaction ID : 21022.C34290                |       |                                                                                                                                                |         |
| 01                                                         | Occupation                                   |       |                                                                                                                                                |         |
| Chestertown MD 21620-0990                                  | MD 21620-0990 Retired                        |       |                                                                                                                                                |         |
| FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  |                                              |       | Date (month,<br>day, year)                                                                                                                     | Amount  |
|                                                            | Occupation                                   |       |                                                                                                                                                |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                 | Name of Employer                             |       | Date (month,                                                                                                                                   | Amount  |
|                                                            |                                              |       | day, year)                                                                                                                                     |         |
|                                                            | Occupation                                   |       |                                                                                                                                                |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                 | Name of Employer  Occupation                 |       | Date (month, day, year)                                                                                                                        | Amount  |
|                                                            |                                              |       |                                                                                                                                                |         |
| SIGNATURE (optional) James Depew                           | DATE<br>10/22/2012<br>[Electronically Filed] |       | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |         |

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